

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION REQUEST FORM

ZENZEDI (dextroamphetamine)

Patient name: _____ Medicaid ID #: _____
Prescriber Name: _____ Prescriber NPI#: _____ Contact person: _____
Prescriber Phone#: _____ Extension/Option: _____ Fax#: _____
Pharmacy: _____ Pharmacy Phone#: _____ Pharmacy Fax #: _____
Requested Medication: _____ Strength: _____ Frequency/Day: _____

All information to be legible, complete and correct or form will be returned

FAX DOCUMENTATION FROM PROGRESS NOTES TO 855-828-4992

FOR CHILDREN:

• **For the treatment of ADHD:**

- For patients ages 3 through 16 years old, only an appropriate diagnosis code is required, and authorization will continue until the child's 16th birthday.
 - Please indicate the diagnosis (ICD) code: _____
- Consideration for patients under 3 years old requires an evaluation and letter of medical necessity from a child/adolescent psychiatrist.

• **For the treatment of Narcolepsy:**

- Consideration for children ages 6 years and older requires an evaluation and letter of medical necessity from a primary care practitioner.
- Consideration will not be given to children under 6 years old.

FOR ADULTS:

• **For the treatment of Narcolepsy:**

- Consideration requires an evaluation and letter of medical necessity from a primary care practitioner. Please describe any past or current substance abuse issues in the letter.

NOTES:

- For any age or indication, please write the diagnosis code on the face of the prescription.
- Zenzedi's only indication for adults is narcolepsy, and no other diagnosis will be considered.

AUTHORIZATION: 1 year (see exception above)

RE-AUTHORIZATION: A letter of medical necessity stating current diagnosis, current treatment and any current substance abuse issues.

09/24/2013